

This is a consent made by Arthur Radley

I, Arthur Radley, authorize TERRENCE MORGAN to disclose to MONICA VAN DONGEN all medical information.

Sensitivity Categories:

- HIV/AIDS information sensitivity

Medical Information Categories:

- Results

The purpose of the disclosure authorized herein is to: all purposes of use of medical information except the following:

- clinical trial research
- emergency treatment
- healthcare marketing
- healthcare operations
- healthcare payment
- healthcare research
- outcome measurement
- performance measurement
- population health
- program reporting

**EchoSign Test Document**  
**Not for commercial use**

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

Expiration Date: 12/31/13

Signature: Arthur Radley  
Arthur Radley (May 16, 2013)

Email: tony.calice@gmail.com